<u> </u>	inside this box \rightarrow [+]	Attorney	Docket	UCON/150/PC/US								
10.4.0.(DTO	II C. Barradarana af Comm		ed Inventor	Alexandros Makriyannis								
010/PTO ev. 6/95	U.S. Department of Comr Patent and Trademark Off											
DE	CLARATION		COMPLETE IF KNOWN									
_	CLARATION	Application	on Number									
Declaration Submitted	Declaration Submitted A	fter Filing Dat	e									
With Initial Filing	Initial Filing	Group Ar	t Unit									
		Examiner	Name									
My residence, post offic	e address, and citizenship are as al, first and sole inventor (if on of the subject matter which is c	ily one name is lis	sted below) or an or	iginal, first and joint inventor (if p								
II	INHIBITORS OF THE ANANDAMIDE TRANSPORTER AS ANALGESIC AGENTS											
		Title of the Invent	ion)									
he specification of whic	ch											
is attached hereto.												
OR .												
Was filed on (MM/DD/YYYY) <u>06/09/1999</u> a	s United States	Application or Po	CT International Application Nur								
CT/US99/12900 and v	vas amended on (MM/DD/YYYY)	(if ap	olicable).									
hereby state that I h	ave reviewed and understood	the contents of t	he above-identified	specification, including the claims								
mended by any amend	ment specifically referred to abo	ve.										
	to disclose information which is	material to pater	tability as defined in	Title 37 Codes of Federal Regulat								
nventor's certificate, or States of America, liste	r § 365 (a) of any PCT internati d below and have also identified	onal application w I below, by check	hich designated at li ing the box, any fore	any foreign application(s) for pate east one country other than the U eign application for patent or inven ation on which priority is claimed.								
Prior Foreign Application Numbers	oreign Foreign F ation Country (MM/DI		Priority Not Claim	Conv Attached								
NONE												
.0.1.2												
	Application Numbers Are Listed	i On A Supplemen	tal Priority Sheet Att	ached Hereto:								
Additional Foreign				ached Hereto: ates provisional application(s) listed								

Additional Provisional Application Numbers Are Listed On A Supplemental

Priority Sheet Attached Hereto.

60/088,568

06/09/1998

	. <u>-</u> .	DE	CLA	RATIO	N_														Page 2
Interna claims first p patent	ational ap of this a paragraph ability as	plication pplication of Title defined i	designa n is not 35, U in Title	ating the l disclosed nited Stat	Jnite in th es C Code	d Sta he pr Code of F	ates of ior Un §112 ederal	Ame ited S , I ac Regu	erica State Skne skne	a, listed es or PC owledge ons §1.	belot T Int the 56 w	w and, ternatio duty hich be	, inso onal a to d	ofar as applica isclose	the tion i info	subject in the r irmation	matt manne n whi	er of e er provid ch is r	f any PCT ach of the ded by the naterial to date of the
U.S. 1	Parent Ap Numbe	PCT Parent Number				Parent Filing D (MM/DD/YY)							Parent Pate (if app				ber		
NONE																			
A	dditional U	J.S. Or P	CT Inte	rnational A	pplic	ation	Numt	oers A	re l	Listed O	n A S	Suppler	nenta	ary Prio	rity S	Sheet A	ttach	ed Here	to:
prosec	ute this	applicati	on and	appoint of to trans that Cust	act	all b	ousines	d prac	ctiti the	ioners a e Paten	ssoci t and	ated w	vith t lemar	the Cu k Offi	stom ce t	er Num herewit	nber p	provided and direc	below to
Firm N	lame:	Alix, Yale & Ristas, LLP						Customer Number: 002543											
belief like so	are believ made are	ed to be e punisha	true; ar	nd further	that rison	these imen	state t or bo	ments	s w der	ere mad Section	e wit 100	h the k 1 of Ti	cnow tle 1	ledge t B of th	hat v e Uni	willful fa	alse s	tatemer	mation and its and the I that such
Name	Of Sole C	r First In	ventor]A Pe	tition l	Has E	Been Fi	led F	or This	Unsig	ned Inv	entor
Given Name	1 .				Family Name				MAKRIYANNIS				Suffix						
Inventor's Signature												D	ate						
RESIDENCE: City		Willim	nantic	State			СТ		С	Country	U.	S.A.		(Citizenship		U.S.A.		
POST ADDR	OFFICE ESS	348G	Fost	er Drive	!														
City	Willim	antic State CT				Zip 062		22	26 Coun		intry U.S.A		S.A.	A. Applic					
Name	Of Additi	onal Join	t Invent	tor, If Any	:] A	Petition	n Has	Been	Filed	For Th	is Uns	signed Ir	nventor
Given Name	I And	reas Middle Initial				amily Name GOUTOPO			POL	ULOS			Suffix			. <u>.</u> ,			
Inventor's Signature									Date										
RESIDENCE: City		воѕт	ON	State MA						Country	U.	U.S.A.		,	Citizenshi		GREECE		
	OFFICE DRESS	ury Stre	eet -	- A _l	pt. 1	R													
City	BOST	ON		State	ate MA			Zi	р	0211	6	Coun	try				cant		

Additional Inventors Are Being Named On Supplemental Sheet(s) Attached Hereto.